

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-004627

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

800

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2420 Cass Apt. 807

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
HENRY

Middle

Last
THOMPSON

4. DATE OF DEATH

Month

Day

Year

1 - 15 - 62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

4-10-1887 74

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Embalmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hartsville, Tenn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alex Thompson

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jack W. Thompson 4855 Sacramento

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia due to Aerobacter

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Left internal carotid thrombosis

22 days

DUE TO (c)

Generalized Arteriosclerosis

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

332x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12 - 23 - 61 to 1 - 15 - 62 and last saw her alive on 1 - 15 - 62

Death occurred at 3:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

1/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-22-62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

A. L. Beal Und. Co. 4303 Delmar

25. DATE RECD. BY LOCAL REG.

JAN 18 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4521

P. O. Address 3100 East

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.